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|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/651,589 | FILING DATE<br>08/29/2003<br><br>RULE | CLASS<br>345 | GROUP ART UNIT<br>2673 | ATTORNEY<br>DOCKET NO.<br>10021040-1 |
|-----------------------------|---------------------------------------|--------------|------------------------|--------------------------------------|

## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/20/2003

|   |   |                           |                        |                       |                            |
|---|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>23 | INDEPENDENT<br>CLAIMS<br>3 |
| Verified and<br>Acknowledged                                | Examiner's Signature <i>[Signature]</i><br>Initials <i>SG</i>   |                           |                        |                       |                            |

## ADDRESS

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## TITLE

Finger navigation system using captive surface

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|-----------------------------------|---|--|
| FILING FEE<br><br>RECEIVED<br>804 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____ |
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